U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5/90	2. Fiscal Year Covered From:
•	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name charles r fisher	Name communications workers of america
	Labor Organization File Number 000-188
P.O. Box, Bldg., Room No., if any 1227	P.O. Box, Building and Room Number, if any 1227
Street north 23rd st	Street north 23rd st
City Grand junction	City Grand junction
State Colorado ZIP Code + 4	State Colorado ZIP Code + 4 81501
5. Position in labor organization. president	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ	h, or derived income or other economic benefit of nization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name QWEST COMMUNICATIONS	PRESIDENTS MEETING		
Trade Name, if any: QWEST			
P.O. Box, Bidg., Room No., if any 1801	7.b. Amount.		
Street CALIFORINA	POON JUNE 21+22 96,43 = 192,81 MEALS DINNER JUNE 21-35,50 LUNCH JUNE 22		
City Denver	Lunch June 22, \$243		
State Colorado ZIP Code + 4 80202			

## Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
subtracted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

	1 P	0.1	<i>\X</i> '}
Signed	ber	>KON	Mer

On 08/06/2005

970-244-7743

Date

Telephone Number

Name of Person Filing charles fisher	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	a. Labor Organization			
Trade Name, if any:	a. Labor Organization  b. Trust  c. Employer			
P.O. Box, Bldg., Room No., if any				
Street	lemand 1 "			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing. \$0			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount. \$0			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			